

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILER		APPLICANT		APPLICANT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	4					

	AD FILER		APPLICANT		APPLICANT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL DEP.						
TOTAL CLAIMS						